EDITORIAL

Poisoning—The Road Less Travelled

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"Science is the great antidote to the poison of enthusiasm and superstition."

—Adam Smith

This issue brings to you, dear readers, the antidotes to actual poisons, backed by medical science and evidence for treatments. Way back in 1892, Lord William Bentinck penned an interesting report in the British Medical Journal on "Poisoning in India".[1] It was noted that there was an increase in poisoning reports following suppression of dacoity and the Thuggee Cult of robbers by the Thuggee and Dacoity Department of the East Indian Company in the 1850s. Even then, as the author wrote, "the profusion of lethal agents furnished by the variety of deadly plants and the unrestricted freedom" with which any poison could be procured from bazaars were among the main reasons behind the surge in poisoning.

Fast-forward 150 years, the problem of poisoning still persists in India due to reasons mentioned above. As per reports, about 20% of the suicides are from India.[2] While there are moves to legislating the use of insecticides with the Endosulfan ban (2011) and the recommendations of the Anupam Verma Committee (2016), the impact of this legislation is still not apparent.[3]

Contrary to the Lord Bentinck's report, where datura poisoning was the common mode of poisoning, organophosphorus, aluminum phosphide, and arsenic are now common modes of suicide and homicides in India.[4]

In contrast to Western literature, where deliberate self-harm (DSH) is seen in patients with underlying depression,[2] the DSH reports in India are often impulsive in nature. This probably impacts the spectrum of poisoning in India where the individual may access a mode of DSH that is easily available—thus for a farmer who is undergoing the stress of a failed crop, the pesticide that he uses may be the logical choice for him. For a woman who lives in a rural setting, plant poisoning unique to that region, e.g., oduvanthalai, becomes the agent of self-harm. Given this regional variability in the agents, it is only appropriate that the Indian Society of Critical Care Medicine (ISCCM) is focusing on some of the agents that are encountered in clinical practice, albeit not the most common.

For many of these agents, there is lack of scientific data on the management of these problems. In some situations, there are not even clear descriptions of their clinical presentation and course. The synthesis of reports on these agents of poisoning in a systematic manner, as in a narrative review, forms the platform for the provision of information as well as scope for potential research in these domains. Additionally, a detailed review of poisoning agents would help identify agents that could potentially be phased out and introduce agents that have safer toxicological profiles. This supplement provides a comprehensive approach to some of these toxicological problems in our country.

Last but never the least, we must thank the various contributors, the experts from different specialties, who have written for this issue of Indian Journal of Critical Care Medicine. We hope the effort is pleasing and worthwhile for our enthusiastic readers.

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